

DIVISION OF DEVELOPMENTAL DISABILITIES  
**REQUEST FOR LEGAL ADVICE**

**Attorney General Office Use Only**

REQUEST NUMBER

DATE OF REQUEST		DATE RESPONSE IS NEEDED		IS A WRITTEN RESPONSE NECESSARY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>REQUESTER</b>		<b>CRM CONTACT</b>		
Name					
Telephone Number					
Fax Number					
Mail Stop					
ISSUE AREA <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Contract <input type="checkbox"/> Waiver <input type="checkbox"/> Other:					
IS THERE ANY LEGAL ACTION PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No    Describe:					
Describe Issues:					
Specific question(s) for the AAG:					
If known, list relevant statute (RCW), rules (WAC), contract language, policy:					
Documents sent to AAG:					
Approval to refer to AAG <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Signature of RA/FSA/OC/Program Manager</div> <div>Date</div> </div>					
Additional Comments:					